CROSS-CULTURAL CARE

Curry International Tuberculosis Center
Tuberculosis Nursing Workshop
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Conflict of Interest Disclosure Statement

• Neither I, nor my spouse/partner have/had financial or other relationships with ANY commercial interest organizations within the past 12 months.
Objectives

- Describe cultural aspects of LTBI and TB management in refugees and immigrants
- Learn strategies for aligning agendas in cross-cultural medicine
- Discuss resources for refugee and immigrant providers in the community
Why Culture?

- Minority and foreign born populations are increasing across the US
- Burden of health disparities disproportionately affects racial and ethnic minorities
- Providing ethnically and linguistically sensitive care has the potential to improve quality of care and reduce health disparities
Terminology

• Culture
  • Beliefs, customs, habits, traditions, behavior, values, etc of a particular people, place, or time
  • Culture encompasses multiple areas which influence person’s self-identity
    • race, ethnicity, religion, gender, sexual orientation, age, disability, socio-economic status, political orientation, SES, geographic location
      • Examples: physician, refugee, mother, English-speaker, woman, cyclist, wife, healthy, heterosexual, democrat…
Terminology

• Cultural competency
  • Ability to work effectively in cross-cultural situation
  • OR the process in which the health care professional strives to work effectively within the cultural context of a client (family, individual, or community) \(^1\)
  • Examples: effectively every interaction is a cross-cultural one

\(^1\) Campinha-Bacote
Culture is invoked

- When the patient does not cooperate or reasoning does not make sense
- When the situation is complex and overwhelming
- When the provider is frustrated
- When there is a lack of knowledge about the patient's linguistic, ethnic, or racial background
Culture: assumptions

- Power
  - It is not about power
- More knowledge will solve the conflict
  - If I just knew more about the Yibir tribe of Somalia
- Goal is compliance of the patient with providers plan
  - How can I convince the patient to do what I want
- Focuses on difference
  - Naturally places the patient as “other”
- It is about ethnicity, race, and language
Cultural and health care

• Power
  • The “dominant” culture
  • Cross-cultural interactions have natural tension and potential for power struggle

• Knowledge
  • Knowledge about patient’s culture can be helpful, but is not necessary

• Goal
  • Align agendas

• Patient as “other”
  • Cultural competency requires significant self-reflection
  • Can also be about aligning similarities

• Culture is multidimensional
Culture and health care

- Traditionally focused on ethnicity and language…

BUT…

- Cultural competency requires respect and responsiveness to:
  - Health beliefs (religion, education, tribal…)
  - Health practices (age, disability, SES…)
  - Communication needs (language, education, gender…)
  - Health literacy (education, SES, age…)
Case

- 20 y/o Somali speaking woman, newly arrived refugee, with neck mass
- Denies cough, fevers/chills, night sweats, weight loss
- Normal chest xray
- Biopsy was positive for AFB
Case

- She refused to believe the diagnosis of Tb
- “I am not coughing, sweating, or coughing up blood.”
- “I have a normal chest xray.”
- “This bump will go away on its own (cyst/abscess.”
- “If I have Tb, then why is the doctor telling me I can’t spread it.”
- “Are you trying to spoil my reputation?”
Approach to cultural competency

• Attitude

• Knowledge

• Skill
Approach to cultural competency

• Knowledge: Teaches cultural information about specific groups
  • Know specific cultural facts that help guide interactions
  • Historical context or concept of illness can be helpful
  • Use as a starting point, rather than an assumption

• Skill based approach: enhances communication and emphasizes the cultural context of the individual
  • Approach each interaction as an opportunity to understand each patient’s individual culture
  • This requires reflection about one’s own cultural identity and beliefs
Skills approach

• What cultures are the patient identifying with?
• Where are the power struggles (ie areas where your culture and their culture are conflicting)
• What are the routines, beliefs, etc that have been threatened on both sides?
• What are the misunderstandings (language, beliefs, interpretations)?
• How have the patients competing narratives been further complicated by you (ie clinical medicine)?
• How can agendas be aligned?
Case

• 20 y/o Somali speaking woman, newly arrived refugee, with neck mass
• Denies cough, fevers/chills, night sweats, weight loss
• Normal chest xray
• Biopsy was positive for AFB
• She questions the diagnosis
Patient culture

- Cultures is the patient identifying with:
  - Somali woman
  - Single, Married, Engaged
  - Sister, daughter
  - New arrival, refugee
  - Muslim
  - African
  - Non-English speaker
  - Poor
  - Educated and literate in Somali
  - Patient
  - Healthy? TB Case?
Provider culture

- Cultures provider is identifying with:
  - Western
  - Mother, wife
  - Refugee
  - Physician
  - Not religious
  - Biomedical
  - Healthy
Skills approach

- Where are the power struggles
  - Definition of Tb? Misunderstanding about Pulm vs non-pulm Tb
  - New refugee, competing priorities?
- What are the routines, beliefs, etc that have been threatened?
  - Ramadan, fasting, med compliance?
  - Suspicion of medical community
- What are the misunderstandings (language, beliefs, interpretations)?
  - Interpretation of negative chest xray
  - Tb is always infectious
- How have the patients competing narratives been further complicated by you (ie clinical medicine)?
  - Member of her family, community, stigma, marriageability
- How can agendas be aligned?
Aligning Agendas

- Education: about non-pulmonary Tb
- Stigma: how will you handle this with family and community
- Medication compliance: Ramadan
- Priorities: ESL, engaged, pregnant, ill parents
Terminology

• Refugee
  • Forced to leave their country to escape war, persecution, or natural disaster
  • Refugee status designated prior to entry
• Immigrant
  • Anyone who comes to live permanently in a foreign country
• Asylum Seeker
  • Meets the definition of refugee (persecution)
  • Already in the US
  • Seeking admission at port of entry
International Medicine Clinic

• Primary care medical home, est 1982
• Vulnerable, low income, non-English speaking
• Refugees and immigrants
• 12,000 visits/year in over 30 languages
• Internal Medicine, Nutrition, Psychiatry, Pharmacy, Acupuncture, Social Work
Top Ten Languages

- Vietnamese: 24%
- Somali: 17%
- Cambodian: 13%
- Amharic: 12%
- Tigrignian: 9%
- Spanish: 3%
- Oromo: 3%
- Cantonese: 3%
- Mandarin: 2%
- Arabic: 1%
- Other: 13%
IMC Case

- 73 y/o Chao Jo speaking Chinese grandmother
- Dyspnea and cough
- Diagnosed with widely metastatic lung cancer
- Appears relieved when told it is untreatable cancer
- Worried she had TB and had infected her grandchildren
- Isolation during illness worse than terminal disease
Challenges

- Communication\(^1\)
  - Diagnosis is unknown
  - Diagnosis is known, but cultural interpretation differs
  - Disagree regarding management

- Stigma
  - One study, \(\frac{3}{4}\) of Vietnamese immigrants in NY staid that their community would fear and avoid someone with Tb\(^2\)
  - In some cultures, such as the Sidama people of Ethiopia, the word for TB is used as an insult\(^3\)

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\(^1\)Jackson JC
\(^2\)Carey JW
\(^3\)Vecchiato NL
Opportunities

- Communication
  - Skilled interpreter
  - Explore explanatory models of illness (cause, course, prognosis)
  - Consider patient acceptance prior to initiating LTBI treatment

- Stigma
  - Discuss social ramifications of disease
  - If not infectious, reassure patient to continue with full social participation
Aligning Agendas

• Grandmother
• Chao Jo speaker
• Elderly
• Immigrant
• US citizen
• Educated
• Chinese medicine
Refugee Health Promotion Project (RHPP)

- Collaboration:
  - IMC
  - Seattle King County Department of Health Refugee Screening Program
  - International Counseling & Community Services (ICCS)
- Screen recently arriving refugees for complex medical cases
- Provide case management and expedite access to medical care
RHPP Case

• 33 y/o newly arrived Eritrean refugee
• trauma related lower extremity amputation and LTBI
• Started on rifampin for LTBI
• Returns for 1 month follow up
• Pharmacy gave 1 month meds, ran out a few days ago
• Refugee screening results are positive for schistosomiasis
Medication Adherence

- Discuss refill system explicitly
- Stress continuing meds even if symptoms improve
- Assess adherence (count pills, use fill date, monitor pharmacy med refill)
- Consider reminder tools, like pill boxes or phone alarms
- Explicitly tell patients not to share medications
- Ask how many times meds are missed
- Consider timing of refills and clinic visits
- Describe timeline to improvement
- Teach back
- Prepare patients for side effects

\(^1\text{Avery, K}\)
Aligning Agendas

- Healthy male
- Father
- Non-English speaker
- Family provider
- Unfamiliar with notion of prevention
Northwest Health and Human Rights (NWHHR)

• Collaboration:
  • IMC for medical care
  • Northwest Immigrant Rights Project (NWIRP) for legal aid
  • International Counseling and Community Services (ICCS) for mental health services

• Provides comprehensive evaluations for:
  • Survivors of torture
  • Applicants for asylum
NWHHR Case

• 46 y/o Spanish speaking woman from Guatemala
• Diabetes, LTBI
• Fled Guatemala → beaten and abused by her husband
• Depressed and poor sleep due to nightmares
• Lives 2 hours away, but undocumented
• Poor med compliance b/c cannot afford to fill meds closer to home
Challenges

- Torture survivors
  - have high rates of depression and PTSD
- Undocumented
  - No formal screening process for TB, reliant on primary care
  - Access to clinical care and medications is poor
- Comorbidities
  - Difficult to anticipate increased risk (dialysis, steroids, TNF alpha inhibitors)
Opportunities

• Torture survivors
  • Treating depression and PTSD can build trust, rapport

• Undocumented
  • Granted asylum → patients are eligible refugee screening
  • Refer to clinics that serve undocumented patients

• Comorbidities
  • Specialty service protocols (oncology, rheum, derm, renal) for TB screening prior to immunosuppression
Aligning Agendas

- Guatemalan
- Woman
- Torture survivor
- Mother
- Poor
- Non-English speaker
- Undocumented
- Diabetic
Transcultural Health Care

- The Provider's Guide to Quality and Culture
  http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English&ggroup=&mgroup=
- Cross Cultural Health Care
  www.xculture.org
- Diversity in Medicine
  www.amsa.org/div
- Resources for Cross-Cultural Health Care
  www.diversityrx.org
- National Center For Cultural Competence (NCCC)
  nccc.georgetown.edu
- Ethnogeriatrics
  geriatrics.stanford.edu
- Ethnomed
  https://ethnomed.org/
- Culturally and Linguistically Appropriate Services (CLAS)
  United States Department of Health and Human Services Office of Minority Health
  https://www.thinkculturalhealth.hhs.gov/content/clas.asp
Ethnomed

- Joint program of UW Health Sciences Libraries and Harborview

- Content
  - Cultural beliefs
  - Clinical topics
  - Torture educational material
  - Patient education
  - Religious holidays of clinical significance
Cross Cultural Medicine

- Get to know your patient: origins, occupation, avocation, identity, spiritual life, family life
- Consider the narrative that underlie the cultures the patient identifies with
- Know your own cultures and the narratives they form
- Acknowledge and address the areas of contradiction and build on similarities
- Align your therapeutic plan with the patient’s competing discourses (share power)
- Make use of online resources and referrals
References

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